Appendices

Appendix 1.

https://tpat9766.wixsite.com/ceasenowstudy

Did you find the booklet a useful resource? (Yes/No)
Did you make any changes to your paracetamol intake to manage your low back pain? (Yes/No)
Did you make any lifestyle changes to help manage your low back pain? (Yes/No)
Did reading the booklet prompt you to discuss your low back pain or paracetamol use with a health professional? (Yes/No)
Would you recommend the booklet to anyone else? (Yes/No)
If you had another episode of low back pain, would you read this booklet again? (Yes/No)
Would you be willing to participate in a full trial? (Yes/No)

Appendix 2.

Did you find the booklet a useful resource? (Yes/No)
Did you make any changes to your paracetamol intake to manage your low back pain? (Yes/No)
Did you make any lifestyle changes to help manage your low back pain? (Yes/No)
Did reading the booklet prompt you to discuss your low back pain or paracetamol use with a health professional? (Yes/No)
Would you recommend the booklet to anyone else? (Yes/No)
If you had another episode of low back pain, would you read this booklet again? (Yes/No)
Would you be willing to participate in a full trial? (Yes/No)

Appendix 3.

At baseline participants were asked the following questions:
1. “Did you take Paracetamol this week? (Yes/No). If Yes, participants were asked questions 1.1, 1.2 and 1.3.
   1.1 “On average each day, how many tablets did you take (Dose)?”.
   1.2 “On average each day, how many times did you take paracetamol (Frequency)?”.
   1.3 “Who instructed your paracetamol intake?” (Health professional or self-initiated).

At one-week and one-month post intervention, participants were also asked the following additional questions about paracetamol use:
2. “Have you read the patient-education tool (intervention)?” (Yes/No)
3. “Have you attempted to reduce the amount of paracetamol you take to manage your low back pain?” (Yes/No). If Yes, participants will be asked question 4.1. If No, participants will be asked question 4.2.

   4.1. “Who initiated the change in paracetamol intake?” (Health professional or self-initiated)
   4.2. What was the biggest barrier to attempting to reduce your paracetamol intake?

5. “Have you swapped or attempted to swap paracetamol use for your low back pain with an alternative suggested in the patient-education tool (intervention)”? (Yes/No)

Appendix 4.

Paracetamol is an effective treatment for low back pain. (True/False)
Exercise can be effective to manage my low back pain. (True/False)
Paracetamol does not cause any side effects. (True/False)
It is safe to take paracetamol with other medications. (True/False)
Appendix 5.

1. Average low back pain intensity during the past week: 11-point numerical rating scale ranging from 0 = no pain to 10 = worst pain possible (33). N.B. Additionally, this outcome was collected at one-month post receiving the intervention.

2. How long have you experienced low back pain?
   1. Less than 6 weeks
   2. Between 6-12 weeks
   3. Between 12 weeks (3 months) to 1 year
   4. More than 1 year

3. Which of the following best describes the pattern of your lower back pain:
   1. Constant back pain (always present and never fully recovers)
   2. Recurrent back pain (periods of full recovery with no back pain, with intermittent episodes of back pain)